

Washington Commission for National and Community Service
Application for Funds for Reasonable Accommodations
(National Service Inclusion Project: <http://www.serviceandinclusion.org/>)
(National T/TA provider on disability issues for the Corporation for National and Community Service)

I. *Background Information*

Name of Program: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Fax Number: _____

Contact Person: _____

Program is requesting funding as a (check as appropriate)

☐ Government agency

☐ Educational institution

☐ Not-for-profit organization

☐ Other (please describe)

Program receives funding from (check as appropriate)

☐ National Direct

☐ State Competitive

☐ State Formula (if a State Formula Grant, please contact the Commission)

II. *Status of Individual with Disability*

☐ Applicant for AmeriCorps slot

☐ Current AmeriCorps member

Primary service environment (check as appropriate):

☐ Office

☐ Home

☐ School

☐ Outdoors

☐ Other

Please describe the primary functions to be performed by the person with a disability:

III. *Barrier Resolution (see attached chart):*

IV. *Please document alternative funding options sought and results.*

V. What role did the individual with a disability have in identification of barriers and possible solutions

VI. Request for Funds

Identify the reasonable accommodation(s) to be provided and the essential service functions it will enable the individual to perform.

What will be the cost of the reasonable accommodation(s) (check as appropriate)?

☐ Less than \$50 ☐ \$50 to \$99 ☐ \$100 to \$499 ☐ \$500 to \$999
☐ \$1,000 or more

Please itemize costs:

VII. Cost Sharing

Has the program considered cost-sharing? If yes, please describe cost-sharing option.

Will more than one person benefit from the reasonable accommodation(s) to be provided? If yes, please describe.

*Reasonable Accommodation is defined as an action an "employer" would be required to make so a person with a disability can do the essential functions of a job.

VIII. What measures will be used to determine if the reasonable accommodation(s) was/were effective for the individual with a disability?

IX. Does your organization have a Disability Plan? (See attached documents)

Key Official of Program (please sign): _____
Date: _____